

Ivermectin for the control of scabies outbreaks in the UK

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Endorsed by WHO as effective and safe, it is time to make ivermectin available to control scabies outbreaks in the UK

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On July 9th 2019, WHO updated its 'Model List of Essential Medicines' to include oral ivermectin for ectoparasitic infections.¹ This recommendation follows the 2017 WHO categorization of scabies as a Neglected Tropical Disease. The list covers the 'minimum medicine needs for a basic health-care system, listing the most efficacious, safe and cost-effective medicines for priority conditions'.¹ In the UK scabies outbreaks remain a significant public health burden in care homes for elderly people.² Yet this essential, and safe, medicine remains unlicensed for scabies treatment in the UK, and is only available through specialist importers. Standard treatment consists of topical acaracides, applied over the whole body same day to all residents and staff, left on usually overnight before showering, and repeated seven days later. This is labour intensive and can be distressing, especially for residents with dementia who may not understand why it is happening.² Unsurprisingly crusted scabies cases (often present in these outbreaks) can be resistant to topical treatment due to the barrier of hyperkeratotic skin crusts. This vulnerable population, often at the end of life, deserves better.

Unfortunately, ill-founded safety concerns about ivermectin use in the elderly still deter clinician use, arising from a 1997 letter³ published in *The Lancet*. The authors reported increased mortality in a group of 47 long-term health facility residents (the majority with dementia) treated with oral ivermectin for scabies compared to retrospective, inadequately matched controls. Potential confounding was acknowledged but the authors still advised against ivermectin use in the elderly. The letter was criticised at the time for methodological errors, and data presented from other outbreaks did not demonstrate an association between ivermectin and mortality.⁴ Mass Drug Administrations have since been conducted across the

world. Recent modelling work re-analysed the letter's data, showing it did not conclusively demonstrate ivermectin caused excess mortality.⁵ Yet despite all this, twenty-two years after the letter was published, elderly people in the UK experiencing distressing outbreaks of a Neglected Tropical Disease are still deprived access to an effective treatment that's relative ease of administration would allow greater dignity in care.

In line with WHO we call for steps to enable access to this essential medicine, and we recommend its wider use for scabies by UK clinicians. We also urge The Lancet to place an editorial warning on the 1997 letter, pointing to the WHO endorsed status of ivermectin treatment for ectoparasitic infections, and stating the report was flawed.

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